

A. SYSTEM ORGANIZATION AND MANAGEMENT

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
Agency Administration:					
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X			
Planning Activities:					
1.05 System Plan		X			
1.06 Annual Plan Update		X			
1.07 Trauma Planning*			X		
1.08 ALS Planning*			X		
1.09 Inventory of Resources		X			
1.10 Special Populations		X			
1.11 System Participants			X		
Regulatory Activities:					
1.12 Review & Monitoring			X		
1.13 Coordination			X		
1.14 Policy & Procedures Manual			X		
1.15 Compliance w/Policies			X		
System Finances:					
1.16 Funding Mechanism		X			

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Medical Direction:					
1.17 Medical Direction*			X		
1.18 QA/QI			X		
1.19 Policies, Procedures, Protocols			X		
1.20 DNR Policy			X		
1.21 Determination of Death			X		
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer			X		
Enhanced Level: Advanced Life Support					
1.24 ALS Systems			X		
1.25 On-Line Medical Direction			X		
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System Plan					X
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan			X		

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		X			
2.02	Approval of Training			X		
2.03	Personnel			X		
Dispatchers:						
2.04	Dispatch Training	X				X
First Responders (non-transporting):						
2.05	First Responder Training			X		
2.06	Response			X		
2.07	Medical Control			X		
Transporting Personnel:						
2.08	EMT-I Training			X		
Hospital:						
2.09	CPR Training			X		
2.10	Advanced Life Support			X		
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process			X		
2.12	Early Defibrillation			X		
2.13	Base Hospital Personnel			X		

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
Communications Equipment:						
3.01	Communication Plan*		X			X
3.02	Radios		X			
3.03	Interfacility Transfer*			X		
3.04	Dispatch Center		X			X
3.05	Hospitals			X		
3.06	MCI/Disasters			X		
Public Access:						
3.07	9-1-1 Planning/Coordination		X			
3.08	9-1-1 Public Education					
Resource Management:						
3.09	Dispatch Triage	X				X
3.10	Integrated Dispatch	X				X

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
4.01	Service Area Boundaries*			X		
4.02	Monitoring			X		
4.03	Classifying Medical Requests				X	
4.04	Prescheduled Responses			X		
4.05	Response Time Standards*			X		
4.06	Staffing		X			
4.07	First Responder Agencies			X		
4.08	Medical & Rescue Aircraft*			X		
4.09	Air Dispatch Center			X		
4.10	Aircraft Availability*			X		
4.11	Specialty Vehicles*					X
4.12	Disaster Response			X		
4.13	Intercounty Response*			X		
4.14	Incident Command System			X		
4.15	MCI Plans			X		
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing			X		
4.17	ALS Equipment			X		

RESPONSE/TRANSPORTATION (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Enhanced Level: Ambulance Regulation:					
4.18 Compliance			X		
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan			X		
4.20 "Grandfathering"			X		
4.21 Compliance			X		
4.22 Evaluation			X		

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		X			
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X			
5.04	Specialty Care Facilities*		X			
5.05	Mass Casualty Management			X		
5.06	Hospital Evacuation*		X			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*			X		
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design			X		
5.09	Public Input			X		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X			
5.11	Emergency Departments		X			
5.12	Public Input		X			
Enhanced Level: Other Speciality Care Systems:						
5.13	Specialty System Design					X
5.14	Public Input					X

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
6.01	QA/QI Program			X		
6.02	Prehospital Records			X		
6.03	Prehospital Care Audits			X		
6.04	Medical Dispatch			X		
6.05	Data Management System*			X		
6.06	System Design Evaluation			X		
6.07	Provider Participation			X		
6.08	Reporting			X		
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit			X		
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X			

G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
7.01	Public Information Materials		X			
7.02	Injury Control		X			
7.03	Disaster Preparedness			X		
7.04	First Aid & CPR Training			X		

H. DISASTER MEDICAL RESPONSE

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
8.01 Disaster Medical Planning*			X		
8.02 Response Plans			X		
8.03 HazMat Training		X			
8.04 Incident Command System			X		
8.05 Distribution of Casualties*			X		
8.06 Needs Assessment		X			
8.07 Disaster Communications*		X			
8.08 Inventory of Resources		X			
8.09 DMAT Teams					X
8.10 Mutual Aid Agreements*					X
8.11 CCP Designation*		X			
8.12 Establishment of CCPs		X			
8.13 Disaster Medical Training			X		
8.14 Hospital Plans		X			
8.15 Interhospital Communications		X			
8.16 Prehospital Agency Plans		X		X	
Enhanced Level: Advanced Life Support:					
8.17 ALS Policies			X		
Enhanced Level: Specialty Care Systems:					
8.18 Specialty Center Roles			X		
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:					
8.19 Waiving Exclusivity		X			

APPENDIX 1: System Assessment Form

System Organization and Management

1.01 LOCAL EMS AGENCY (LEMSA) STRUCTURE

MINIMUM STANDARDS:

Each local EMS agency shall have a formal organization structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Tuolumne County EMS Agency is established within the County Health Department which is part of the County Human Services Agency. The EMS agency is directly responsible to the Director of Public Health, who reports to the Director of the Human Services Agency who in turn is responsible to both the County Administrative Office and the Board of Supervisors. Agency staff is comprised of a Medical Director, an EMS Coordinator, and a senior office assistant. Support service is provided by many other County departments including: County Counsel, County Administration, Human Services Agency and Personnel.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

1.02 LOCAL EMS AGENCY (LEMSA) MISSION

MINIMUM STANDARDS:

Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its QA/QI and evaluation processes to identify system changes.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

A comprehensive emergency medical services system has been established and continuously evaluated by Tuolumne County through the oversight of the County's Emergency Medical Care Committee since 1981. The mission of the Tuolumne County EMS Agency is to ensure that quality emergency medical care is available in a coordinated, professional and timely manner for all of the residents and visitors of Tuolumne County.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Refer to section 6 for needs and objective concerning QA/QI.

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long -Range Plan (more than one year)

1.03 PUBLIC INPUT

MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism (including EMCCs and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedures, as described in the State EMS Authority's EMS Systems Standards and Guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The County Emergency Medical Care Committee provides a forum for consumers and health care providers, both as members of the committee and as the general public, to comment on the development, utilization and evaluation of plans, policies and procedures. Additionally, members of the general public are always provided with the opportunity to comment on the EMS system directly to the Tuolumne County Board of Supervisors and the EMCC.

COORDINATION WITH OTHER EMS AGENCIES:

None.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

1.04 MEDICAL DIRECTOR

MINIMUM STANDARDS:

Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

RECOMMENDED GUIDELINES:

The local EMS agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and prehospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

CURRENT STATUS:

Dr. S. Todd Stolp, M.D. currently serves as the EMS Agency Medical Director. Dr. Stolp also serves as the County's Public Health Officer.

Dr. James Owen, M.D. (FACEP), the Base Hospital Medical Director for Sonora Regional Medical Center.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

1.05 SYSTEM PLAN

MINIMUM STANDARDS:

Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority.

The plan shall:

- a) assess how the current system meets these guidelines,
- b) identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
- c) provide a methodology and time-line for meeting these needs.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Completion of this plan fulfills the requirements of this standard.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the EMS System plan meets community needs and provides for the appropriate utilization of resources.

OBJECTIVE

Monitor and amend the EMS system plan, as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

1.06 ANNUAL PLAN UPDATE

MINIMUM STANDARDS:

Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Completion of this plan fulfills the requirements of this standard.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Annually evaluate the EMS system plan to determine progress in meeting plan objectives and system changes.

OBJECTIVE:

Submit an annual update of the EMS system plan to the State EMS Authority, which reflects system changes and progress made in meeting plan objectives.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- Long -Range Plan (more than one year)

1.07 TRAUMA PLANNING

MINIMUM STANDARDS:

The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

RECOMMENDED GUIDELINES:

The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

CURRENT STATUS:

Currently the county's population and the capabilities of the one licensed general acute care facility do not support the establishment of trauma centers or other specialty care centers in Tuolumne County. In March of 2004, the Tuolumne County Trauma plan was approved by the State EMS Authority. Contracts with Memorial Medical Center, Doctors Medical Center (Modesto), U.C. Davis Medical Center (Sacramento), Central California Medical Center (Madera) and Oakland Children's Medical Center (Oakland) to provide trauma care services for patients from Tuolumne County. Air transport is routinely used for transporting patients who need specialized services directly from the field or through inter-facility transfer to specialty centers in the Sacramento and San Francisco Bay areas and to non-designated higher level facilities in the central valley.

COORDINATION WITH OTHER EMS AGENCIES:

Tuolumne County is dependent on the larger health care system in the central valley, bay area and Sacramento valley for high level trauma services due to the limited resources available in the county.

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

1.08 ALS PLANNING

MINIMUM STANDARDS:

Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Advanced life support ambulance services are provided as the minimum standard for emergency (9-1-1) medical requests in Tuolumne County.

COORDINATION WITH OTHER EMS AGENCIES:

None

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

1.09 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Completion of this plan fulfills the requirements of this standard.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

1.10 SPECIAL POPULATIONS

MINIMUM STANDARDS:

Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

RECOMMENDED GUIDELINES:

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

CURRENT STATUS:

No work has been performed in this area.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Begin the process of identifying population groups served by the EMS system which may require special services. Ensure that all population groups know how to access and appropriately utilize the EMS system.

OBJECTIVE:

Work with other agencies, both county and private, to identify and develop care plans for population groups requiring specialized services.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

1.11 SYSTEM PARTICIPANTS

MINIMUM STANDARDS:

Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

RECOMMENDED GUIDELINES:

Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

CURRENT STATUS:

Written contracts are in place for each ambulance provider (including air ambulance), base/receiving hospital, and fire department first response agency. Roles and responsibilities of all EMS system participants including dispatch, county search and rescue and the U.S. Forest Service have been established through policy, protocols, and training standards.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

1.12 REVIEW AND MONITORING

MINIMUM STANDARDS:

Each local EMS agency shall provide for review and monitoring of EMS system operations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

EMS system operations are routinely reviewed and monitored through on-site visits and a review of reports, records, and patient care reports by the EMS agency, the EMCC, and the county base hospitals.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

1.13 COORDINATION

MINIMUM STANDARDS:

Each local EMS agency shall coordinate EMS system operations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

EMS system operations are coordinated through written agreements with providers and facilities; policies and procedures; training standards; quality improvement programs and other mechanisms including weekly meetings between the EMS agency and the County ambulance service.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None.

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

1.14 POLICY & PROCEDURES MANUAL

MINIMUM STANDARDS:

Each local EMS agency shall develop a policy and procedures manual which includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

A policy and procedure manual has been developed and distributed to all system providers.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None.

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

1.15 COMPLIANCE WITH POLICIES

MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Written agreements, county ordinance, inspections, unusual occurrence reporting, investigations and quality improvement programs have been established as mechanisms to review, monitor and enforce compliance with system policies.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None.

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

1.16 FUNDING MECHANISM

MINIMUM STANDARDS:

Each local EMS agency shall have a funding mechanism which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Tuolumne County EMS Agency is funded through county general fund revenues, ambulance enterprise fund revenues, PHHS project grants, and certification/accreditation fees. Tuolumne County has not created an EMS Fund as described in H&S Code Section 1797.98 .

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

1.17 MEDICAL DIRECTION

MINIMUM STANDARDS:

Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of prehospital and hospital providers.

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

Medical direction is delineated through agreements, treatment protocols and other medical policies.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

1.18 QUALITY ASSURANCE (QA) and QUALITY IMPROVEMENT (QI)

MINIMUM STANDARDS:

Each local EMS agency shall establish a quality assurance/quality improvement program. This may include use of provider-based programs which are approved by the local EMS agency and which are coordinated with other system participants.

RECOMMENDED GUIDELINES:

Prehospital care providers should be encouraged to establish in-house procedures which identify methods of improving the quality of care provided.

CURRENT STATUS:

QA/QI is provided by real time evaluation of calls by base hospital staff and retrospectively through review performed by the base hospital, ambulance service and EMS agency.

COORDINATION WITH OTHER EMS AGENCIES:

None

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

1.19 POLICIES, PROCEDURES, PROTOCOLS

MINIMUM STANDARDS:

Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to:

- a) triage, ✓
- b) treatment, ✓
- c) medical dispatch protocols, ✓
- d) transport, ✓
- e) on-scene treatment times, ✓
- f) transfer of emergency patients, ✓
- g) standing orders, ✓
- h) base hospital contact, ✓
- i) on-scene physicians and other medical personnel, and ✓
- j) local scope of practice for prehospital personnel. ✓

RECOMMENDED GUIDELINES:

Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.

CURRENT STATUS:

Policies, protocols or policy statements regarding treatment, transport, on-scene times, standing orders and local scope of practice have been established. The policies for transfer of emergency patients, base hospital contact and scene physicians are in place. The policy for medical dispatch needs revision.

Tuolumne County's dispatch center does not provide pre-arrival/post dispatch instructions.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

The following policies are in need of revision: medical dispatch, transfer of emergency patients, base hospital contact and scene physicians.

OBJECTIVE:

- 1) Revise policies for triage, medical dispatch, transfer of emergency patients, base hospital contact and scene physicians.
- 2) Develop plan for Implementing Emergency Medical Dispatch with pre-arrival/post dispatch instructions.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

1.20 DNR POLICY

MINIMUM STANDARDS:

Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the prehospital setting, in accordance with the EMS Authority's DNR guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Tuolumne County continues to use the comprehensive Do Not Resuscitate policy adopted by the Emergency Medical Services Authority as the State Standard.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

A procedure for reporting DNR deaths by Hospice and Home Health personnel needs to be developed to reduce/eliminate unnecessary 9-1-1 calls and the response of EMS units.

OBJECTIVE:

Develop a mechanism for Hospice and Home Health personnel to report DNR deaths.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

1.21 DETERMINATION OF DEATH

MINIMUM STANDARDS:

Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

A policy allowing EMS personnel to determine death in the field has been established and implemented.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None.

OBJECTIVE:

N/A.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

1.22 REPORTING OF ABUSE

MINIMUM STANDARDS:

Each local EMS agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

EMS personnel are required by law to report suspected abuse and SIDS deaths. Employers are responsible for ensuring that their personnel are familiar with the reporting laws.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None.

OBJECTIVE:

N/A.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

1.23 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

The local EMS medical director shall establish policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers.

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

A policy delineating the scene and inter-facility transfer scope of practice of paramedics has been established.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

The addition of medications for use and/or monitoring during inter-facility transfer to reduce the need for nursing staff on transfers.

OBJECTIVE:

Develop policies expanding the ALS scope of practice during inter-facility transfers.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

1.24 ALS SYSTEMS

MINIMUM STANDARDS:

Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

RECOMMENDED GUIDELINES:

Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

CURRENT STATUS:

Currently, Tuolumne County is the sole provider of ALS services in the Tuolumne County EMS system. A County ordinance has been established for issuing permits for service and awarding "exclusive rights."

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None.

OBJECTIVE:

N/A.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

1.25 ON-LINE MEDICAL DIRECTION

MINIMUM STANDARDS:

Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

RECOMMENDED GUIDELINES:

Each EMS system should develop a medical control plan which determines:

- a) the base hospital configuration for the system,
- b) the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
- c) the process for determining the need for in-house medical direction for provider agencies.

CURRENT STATUS:

On-line medical control is provided by both the general acute care hospitals located in Tuolumne County. Policies have been established for base hospital configuration and designation.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

1.26 TRAUMA SYSTEM PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:

- a) the optimal system design for trauma care in the EMS area, and
- b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Currently the county's population and the capabilities of the one licensed general acute care facility do not support the establishment of trauma centers of other specialty care centers in Tuolumne County. In March of 2004, the Tuolumne County Trauma plan was approved by the State EMS Authority. Contracts with Memorial Medical Center, Doctors Medical Center (Modesto), U.C. Davis Medical Center (Sacramento), Central California Medical Center (Madera) and Oakland Children's Medical Center (Oakland) to provide trauma care services for patients from Tuolumne County. Air transport is routinely used for transporting patients who need specialized services directly from the field or through inter-facility transfer to specialty centers in the Sacramento and San Francisco Bay areas and to non-designated higher level facilities in the central valley.

COORDINATION WITH OTHER EMS AGENCIES:

Tuolumne County is dependent on the larger health care system in the central valley, bay area and Sacramento valley for high level trauma services due to the limited resources available in the county.

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

1.27 PEDIATRIC SYSTEM PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

- a) the optimal system design for pediatric emergency medical and critical care in the EMS area, and
- b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Tuolumne County participated in the Emergency Medical Services for Children project conducted in 1993-1995 by our former regional EMS agency. However, no follow-up evaluation has been conducted nor have most of our former agency's policies for EMSC been re-established and implemented.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- 1) An assessment and evaluation of the EMS system's ability to meet the needs of seriously ill and injured children based on the state's EMS-C standards needs to be conducted.
- 2) Former EMS-C policies need to be re-established.
- 3) Written agreements need to be developed with tertiary pediatric critical care centers and pediatric trauma centers.

OBJECTIVE:

The creation of an EMS-C systems within the Tuolumne County EMS System based on the standards and guidelines of the State of California.

TIME FRAME FOR MEETING OBJECTIVE:

- | | |
|---|--------------------------------------|
| | Short-Range Plan (one year or less) |
| X | Long-Range Plan (more than one year) |

1.28 EXCLUSIVE OPERATING AREA (EOA) PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop, and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines: a) the optimal system design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Ambulance ordinance adopted with ambulance permit process and EOAs being addressed.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None.

OBJECTIVE:

N/A.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

Staffing and Training

2.01 ASSESSMENT OF NEEDS

MINIMUM STANDARDS:

The local EMS agency shall routinely assess personnel and training needs.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Training needs are assessed through reports, meetings with EMS providers and training programs and the evaluation of training needs by the Emergency Medical Care Committee.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None.

OBJECTIVE:

N/A.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

2.02 APPROVAL OF TRAINING

MINIMUM STANDARDS:

The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs which require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Procedures are in place to approve and monitor EMS personnel training programs and continuing education providers.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None.

OBJECTIVE:

N/A.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

2.03 PERSONNEL

MINIMUM STANDARDS:

The local EMS agency shall have mechanisms to accredit, authorize, and certify prehospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for prehospital providers to identify and notify the local EMS agency of unusual occurrences which could impact EMS personnel certification.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Policies or mechanisms have been adopted for first responder and EMT certification, paramedic accreditation, MICN authorization and certification reviews.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None.

OBJECTIVE:

N/A.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

2.04 DISPATCH TRAINING

MINIMUM STANDARDS:

Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

RECOMMENDED GUIDELINES:

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

CURRENT STATUS:

All EMS dispatch personnel are required to be POST certified and required to attend an initial EMD training course. However, EMD has not been fully implemented in Tuolumne County and medical dispatch personnel do not provide pre-arrival instructions to callers (refer to 3.09).

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

A process needs to be developed to ensure the continue education/refresher training of EMS dispatch personnel in EMD. Additionally, local polices need to be established for issuing EMD certification.

OBJECTIVE:

Development of a process for the continued training of EMS dispatchers in EMD and the development of policies for issuing EMD certification.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

2.05 FIRST RESPONDER TRAINING

MINIMUM STANDARDS:

At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

RECOMMENDED GUIDELINES:

At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT-I level and have available equipment commensurate with such scope of practice.

CURRENT STATUS:

All first responder personnel are required to complete an initial 40 hour first responder medical course and an annual 8 hour first responder course update. Automatic External Defibrillator (AED) services are currently being conducted by all first response agencies in the county with expansion to other departments and stations continuously being evaluated.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None.

OBJECTIVE:

N/A.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

2.06 RESPONSE

MINIMUM STANDARDS:

Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

All public safety agencies in Tuolumne County, including the U.S. Forest Service, the California Highway Patrol, County and City law enforcement agencies and County and City fire departments respond to medical emergencies commensurate with their primary mission.

Most of Tuolumne County's large timber, mining and manufacturing centers participate in the industrial first aid/CPR training provided by Tuolumne County Ambulance personnel and respond to medical emergencies within their own companies.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

2.07 MEDICAL CONTROL

MINIMUM STANDARDS:

Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

All non-transporting first response agencies operate in accordance with the agency's policies and procedures.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Update of BLS treatment protocols.

OBJECTIVE:

Develop BLS treatment protocols for use by first response personnel.

TIME FRAME FOR MEETING OBJECTIVE:

- | | |
|-------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> | Short-Range Plan (one year or less) |
| <input type="checkbox"/> | Long-Range Plan (more than one year) |

2.08 EMT-I TRAINING

MINIMUM STANDARDS:

All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

RECOMMENDED GUIDELINES:

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

CURRENT STATUS:

By policy, the minimum staffing level of all emergency medical transport vehicles (ambulances), is one licensed paramedic and one certified EMT-I. However, a BLS ambulance, staffed with a minimum of two EMT-Is may be used to respond to emergency requests during times of disaster and system overload when all available ALS resources have been depleted. EMT ambulance personnel have not been trained in or authorized to perform AED or manual defibrillation.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

2.09 CPR TRAINING

MINIMUM STANDARDS:

All allied health personnel who provide direct emergency patient care shall be trained in CPR.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

CPR training is provided by Tuolumne County Ambulance personnel to all interested agencies. The Tuolumne County Emergency Medical Care Committee is responsible for annually evaluating the CPR needs of the county. Additionally, most allied health personnel such as hospital, law enforcement, fire service and school personnel are required by state regulation to be trained in CPR within a year of employment.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

2.10 ADVANCED LIFE SUPPORT

MINIMUM STANDARDS:

All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support.

RECOMMENDED GUIDELINES:

All emergency department physicians should be certified by the American Board of Emergency Medicine.

CURRENT STATUS:

Agency policy requires all emergency department MICNs to be certified in advanced cardiac life support (ACLS). All emergency department physicians are encouraged to be Board certified in emergency medicine.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

2.11 ACCREDITATION PROCESS

MINIMUM STANDARDS:

The local EMS agency shall establish a procedure for accreditation of advanced life support personnel which includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Policies and procedures exist to accredit and orient ALS personnel.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

2.12 EARLY DEFIBRILLATION

MINIMUM STANDARDS:

The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Policies and procedures exist to accredit personnel as early defibrillation technicians.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

2.13 BASE HOSPITAL PERSONNEL

MINIMUM STANDARDS:

All base hospital/alternative base station personnel who provide medical direction to prehospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Policies and agreements specify that only mobile intensive care nurses, who have been authorized by the Tuolumne County EMS Agency or base hospital physicians, who have been judged knowledgeable in prehospital policies and protocols by the Base Hospital Medical Director, shall provide medical direction to EMS personnel.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

Communications

3.01 COMMUNICATIONS PLAN

MINIMUM STANDARDS:

The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

RECOMMENDED GUIDELINES:

The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

CURRENT STATUS:

The Tuolumne County EMS Agency is working with the County's Communication Officer to develop written plan for EMS communications.

COORDINATION WITH OTHER EMS AGENCIES:

None

NEED(S):

Development of a written communications plan which addresses day-to-day and multi-casualty incident communication requirements including pre-arranged frequencies.

OBJECTIVE:

Develop a comprehensive EMS communications plan.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long -Range Plan (more than one year)

3.02 RADIOS

MINIMUM STANDARDS:

Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

RECOMMENDED GUIDELINES:

Emergency medical transport vehicles should have two-way radio communications equipment which complies with the local EMS communications plan and which provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

CURRENT STATUS:

All emergency medical transport vehicles have two-way radio equipment capable of performing field to dispatch, field to field, and field to hospital communications.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard

NEED(S):

Refer to 3.01

OBJECTIVE:

Refer to 3.01

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- x Long -Range Plan (more than one year)

3.03 INTER-FACILITY TRANSFER

MINIMUM STANDARDS:

Emergency medical transport vehicles used for inter-facility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Accomplished through cellular telephones and state med-net frequencies for radio communication.

COORDINATION WITH OTHER EMS AGENCIES:

None

NEED(S):

Refer to 3.01

OBJECTIVE:

Refer to 3.01

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

3.04 DISPATCH CENTER

MINIMUM STANDARDS:

All emergency medical transport vehicles where physically possible, (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Exceeds the minimum standard.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

3.05 HOSPITALS

MINIMUM STANDARDS:

All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

RECOMMENDED GUIDELINES:

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

CURRENT STATUS:

Both general acute care hospitals in Tuolumne County may communicate by two-way radio. Access to other relevant services is accomplished by telephones using specified telephone numbers.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

3.06 MULTI-CAUSALITY INCIDENTS (MCIs) and DISASTERS

MINIMUM STANDARDS:

The local EMS agency shall review communications linkages among providers (prehospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The review of communication capabilities is reviewed during an annual MCI exercise. Amateur radio operators are available on a volunteer basis to assist during disasters through the County Office of Emergency Services.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Refer to 3.01

OBJECTIVE:

Refer to 3.01

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

3.07 9-1-1 PLANNING/COORDINATION

MINIMUM STANDARDS:

The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

RECOMMENDED GUIDELINES:

The local EMS agency should promote the development of enhanced 9-1-1 systems.

CURRENT STATUS:

Enhanced 9-1-1 service is available throughout Tuolumne County. The Tuolumne County Sheriff's Department dispatch conducts coordination meetings with the county's 9-1-1 dispatch centers on an as needed basis.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

The possibility of installing highway call boxes in the county needs to be evaluated.

OBJECTIVE:

Evaluate the possibility of installing highway call boxes.

TIME FRAME FOR MEETING OBJECTIVE:

- | | |
|---|--------------------------------------|
| | Short-Range Plan (one year or less) |
| X | Long-Range Plan (more than one year) |

3.08 9-1-1 PUBLIC EDUCATION

MINIMUM STANDARDS:

The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

9-1-1 public education is provided through programs sponsored by Tuolumne County Ambulance, the Tuolumne County Sheriff's Department school resource officers and through public speaking engagements.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

3.09 DISPATCH TRIAGE

MINIMUM STANDARDS:

The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response.

RECOMMENDED GUIDELINES:

The local EMS agency should establish an emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

CURRENT STATUS:

An ALS ambulance is dispatched to all 9-1-1 medical requests with first response dispatch being determined by dispatch guidelines. Although all dispatcher are initial trained in POST EMD, an EMD system including pre-arrival instructions has not been implemented. Tuolumne County EMS Agency is working with the Tuolumne County Sheriff's Office to implement an Emergency Medical Dispatch program based on current national standards and including pre-arrival instructions.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Short term: Medical dispatch policies need to be revised to reflect current EMS standards and to ensure the response of appropriate EMS resources.

Long term: An Emergency Medical Dispatch program based on current national standards and including pre-arrival instructions needs to be implemented.

OBJECTIVE:

Revise/update current medical dispatch policies.

Implement an EMD program.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

3.10 INTEGRATED DISPATCH

MINIMUM STANDARDS:

The local EMS system shall have a functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.

RECOMMENDED GUIDELINES:

The local EMS agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand.

CURRENT STATUS:

Emergency Medical Dispatch is performed by the Tuolumne County Sheriff's Department and is capable of and routinely communicates with and accepts and transfers 9-1-1 calls to other primary and secondary service answering points serving Tuolumne County. However, the non-emergency medical dispatching in Tuolumne County is performed through a private answering service and the on-duty ambulance crews. This separation of functions, along with other factors, prohibits the kind of resource management necessary to effectively ensure the appropriate system-wide ambulance coverage during peak periods of demands.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

The establishment of a single dispatch center which includes both emergency and non-emergency medical dispatching functions, with qualified staff and the resources necessary to effectively manage county ambulance coverage.

OBJECTIVE:

The establishment of a single dispatch center which includes both emergency and non-emergency medical dispatching functions, with qualified staff and the resources necessary to effectively manage county ambulance coverage.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

Response and Transportation

4.01 SERVICE AREA BOUNDARIES

MINIMUM STANDARDS:

The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

RECOMMENDED GUIDELINES:

The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

CURRENT STATUS:

County ambulance ordinance completed with a mechanism for defining and re-defining service areas. Currently, the County consists of one service area assigned to Tuolumne County Ambulance with a small portion of that service in the southwest parts of the County being augmented by Mercy Ambulance based immediately across the border in Mariposa County.

COORDINATION WITH OTHER EMS AGENCIES:

Ambulance service in the south-west portion of the county is coordinated with Mariposa County.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

4.02 MONITORING

MINIMUM STANDARDS:

The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

RECOMMENDED GUIDELINES:

The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

CURRENT STATUS:

The minimum standard is met through written agreements, auditing/reporting, inspections and investigation of unusual occurrences.

The recommended guideline is met through the County's ambulance ordinance.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

4.03 CLASSIFYING MEDICAL REQUESTS

MINIMUM STANDARDS:

The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Medical requests are classified and resources assigned according to a written medical dispatch card system. All medical requests receive an ALS ambulance response and "emergent" and special needs calls receive the additional response of first responders or other appropriate resources, i.e. County Search and Rescue.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

The medical dispatch card system needs to be evaluated and updated.

OBJECTIVE:

Evaluate and update the medical dispatch card system and policies.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- x Long-Range Plan (more than one year)

4.04 PRESCHEDULED RESPONSES

MINIMUM STANDARDS:

Service by emergency medical transport vehicles which can be prescheduled without negative medical impact shall be provided only at levels which permit compliance with local EMS agency policy.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Ambulance availability in the county is maintained through operational standards included in the ambulance service contract.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

4.05 RESPONSE TIME STANDARDS

MINIMUM STANDARDS:

Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch time intervals and driving time.

RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergency responses, response times shall not exceed:

	Metropolitan - Urban Area	Suburban - Rural Area	Wilderness Area
BLS First Responder	5 minutes	15 minutes	ASAP
Early Defibrillation First Responder	5 minutes	ASAP	ASAP
ALS Responder or Ambulance	8 minutes	20 minutes	ASAP
EMS Transportation Unit	8 minutes	20 minutes	ASAP

CURRENT STATUS:

EMS response time standards have not been developed. The EMSA recommended guidelines are used as guidelines for Tuolumne County; currently, there are no local regulations mandating specific ambulance response times. Ambulance response times are routinely monitored by the EMS agency and the EMCC.

COORDINATION WITH OTHER EMS AGENCIES:

Mariposa County ambulances are routinely used to respond to the south-west portion of Tuolumne County due to their shorter response times

NEED(S):

Establishment of response time standards

OBJECTIVE:

Develop response time standards appropriate for the Tuolumne County EMS system with the goal of meeting or exceeding the State minimum standards.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

4.06 STAFFING

MINIMUM STANDARDS:

All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

By policy, the minimum staffing level of all emergency medical transport vehicles (ambulances), is one licensed paramedic and one certified EMT-I. However, a BLS ambulance staffed with a minimum of two EMT-I's may be used to respond to emergency requests during times of disaster and system overload when all available ALS resources have been depleted. BLS staffed ambulances are routinely used for non-emergent transfers and stand-by special events.

Providers are required to maintain a minimum drug and equipment inventory on all in-service ambulances as specified by the agency.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

4.07 FIRST RESPONDER AGENCIES

MINIMUM STANDARDS:

The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

All of the fire departments in the county, except one district, have entered into an agreement with the county for participation in the EMS system. The one district without an agreement consists of approximately one square mile of rural population density and does not participate in the EMS system. First response and rescue services in this area are provided by the County Fire Department.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

4.08 MEDICAL & RESCUE AIRCRAFT

MINIMUM STANDARDS:

The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

- a) authorization of aircraft to be utilized in prehospital patient care,
- b) requesting of EMS aircraft,
- c) dispatching of EMS aircraft,
- d) determination of EMS aircraft patient destination,
- e) orientation of pilots and medical flight crews to the local EMS system, and
- f) addressing and resolving formal complaints regarding EMS aircraft.

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

Policies regarding request, dispatch, patient destination and landing sites have been established. Policies regarding classifying and authorizing medical aircraft are in place.

COORDINATION WITH OTHER EMS AGENCIES:

Services classified by other LEMSAs are used in the EMS system.

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

4.09 AIR DISPATCH CENTER

MINIMUM STANDARDS:

The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Tuolumne County Sheriff's Department dispatch center is responsible for coordinating the use of EMS aircraft in Tuolumne County.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

4.10 AIRCRAFT AVAILABILITY

MINIMUM STANDARDS:

The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Written agreements with aeromedical services are in place.

COORDINATION WITH OTHER EMS AGENCIES:

None

NEED(S):

Development of written agreements with EMS aircraft providers serving Tuolumne County

OBJECTIVE:

Execute written agreements with EMS aircraft providers

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

4.11 SPECIALTY VEHICLES

MINIMUM STANDARDS:

Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.

RECOMMENDED GUIDELINES:

The local EMS agency should plan for response by and use of all-terrain vehicles, snow mobiles, and water rescue vehicles areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

CURRENT STATUS:

All-terrain vehicles, snow mobiles, boats and water rescue vehicles are maintained by Tuolumne County ambulance, Tuolumne County Sheriff's Office, Tuolumne County Search and Rescue and by many of the fire departments in the county. All specialty vehicles are available and respond as needed.

COORDINATION WITH OTHER EMS AGENCIES:

None

NEED(S):

Development of an EMS resource directory of specialty vehicles.

OBJECTIVE:

Develop an EMS resource directory of specialty vehicles.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

4.12 DISASTER RESPONSE

MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The OES Region IV MCI Plan has been adopted by the county Boards of Supervisors and has been implemented in the EMS system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

4.13 INTER-COUNTY RESPONSE

MINIMUM STANDARDS:

The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

RECOMMENDED GUIDELINES:

The local EMS agency should encourage and coordinate development of mutual aid agreements which identify financial responsibility for mutual aid responses.

CURRENT STATUS:

County ordinance addresses the use of inter-county response of emergency medical transport vehicles and EMS personnel.

Day-to-day mutual-aid from neighboring providers is available as needed. The development of written mutual aid agreements has been delayed until a statewide EMS mutual aid agreement is developed.

COORDINATION WITH OTHER EMS AGENCIES:

None

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

4.14 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

The local EMS agency shall develop multi-casualty response plans and procedures which include provision for on-scene medical management using the Incident Command System.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The OES Region IV MCI Plan has been adopted and implemented in Tuolumne County.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

4.15 MULTI-CAUSALITY INCIDENTS (MCI) PLANS

MINIMUM STANDARDS:

Multi-casualty response plans and procedures shall utilize state standards and guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The OES Region IV MCI Plan has been adopted and implemented in Tuolumne County. Additionally, all EMS and disaster personnel and policies meet or exceed the requirements of the Standardized Emergency Management System (SEMS) regulations developed by OES.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

4.16 ALS STAFFING

MINIMUM STANDARDS:

All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

RECOMMENDED GUIDELINES:

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew member.

On an emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

CURRENT STATUS:

By policy, the minimum staffing level of all emergency medical transport vehicles (ambulances), is one licensed paramedic and one certified EMT-I. Ambulances stationed in the urban corridor of the county are routinely staffed with two paramedics. The EMS agency along with the county ambulance service have determined that EMT Defibrillation on ALS ambulances is not warranted.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Evaluate the need for expanding the EMT scope of practice.

OBJECTIVE:

Evaluate the need for expanding the EMT scope of practice.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

4.17 ALS EQUIPMENT

MINIMUM STANDARDS:

All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The minimum medication and equipment inventory on all in-service ambulances is specified by EMS agency policy.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

4.18 COMPLIANCE

MINIMUM STANDARDS:

The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Tuolumne County's Ambulance Ordinance requires EMS transportation agencies to comply with applicable policies and procedures regarding system operations and clinical care.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

4.19 TRANSPORTATION PLAN

MINIMUM STANDARDS:

Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services; b) optimal transportation system efficiency and effectiveness; and c) use of a competitive bid process to ensure system optimization.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

County ordinance provides a mechanism for establishing exclusive operating areas. However, the County has no immediate plans for developing exclusive operating areas.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

4.20 "GRANDFATHERING"

MINIMUM STANDARDS:

Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

County ordinance provides a mechanism for establishing exclusive operating areas. However, the County has no plans for developing exclusive operating areas.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

4.21 COMPLIANCE

MINIMUM STANDARDS:

The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The minimum standard is not applicable at this time.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

4.22 EVALUATION

MINIMUM STANDARDS:

The local EMS agency shall periodically evaluate the design of exclusive operating areas.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The minimum standard is not applicable at this time.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

Facilities and Critical Care

5.01 ASSESSMENT of CAPABILITIES

MINIMUM STANDARDS:

The local EMS agency shall periodically assess the EMS related capabilities of acute care facilities in its service area.

RECOMMENDED GUIDELINES:

The local EMS agency should have written agreements with acute care facilities in its service area.

CURRENT STATUS:

Base and receiving hospital agreements for the general acute care hospital in the county are in place. The EMS related capabilities have been well established.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

5.02 TRIAGE & TRANSFER PROTOCOLS

MINIMUM STANDARDS:

The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

Prehospital triage protocols and transfer protocols and agreements currently in use are those adopted by the former regional EMS system.

COORDINATION WITH OTHER EMS AGENCIES:

As practical, work with adjacent EMS systems to establish standard triage and transfer protocols.

NEED(S):

Evaluate and update the field triage protocols.

OBJECTIVE:

Evaluate and update the field triage protocols.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- x Long-Range Plan (more than one year)

5.03 TRANSFER GUIDELINES

MINIMUM STANDARDS:

The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Tuolumne County EMS agency has developed transfer guidelines that are compliant with State recommendations. Patients requiring specialized services, not available in Tuolumne County, are routinely transferred by ground or air to designated and non-designated specialty care centers in the central valley, Sacramento valley, and bay area.

COORDINATION WITH OTHER EMS AGENCIES:

None

NEED(S):

Development of a resource guide for specialty services available at facilities in neighboring EMS systems.

OBJECTIVE:

Develop a resource guide of specialty services available at facilities in neighboring EMS systems.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

5.04 SPECIALTY CARE FACILITIES

MINIMUM STANDARDS:

The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The hospital in Tuolumne County do not provide specialty services such as a burn unit, pediatric intensive care unit, or specialized trauma services. However, psychiatric services are available locally and obstetric services are available at Sonora Regional Medical Center.

COORDINATION WITH OTHER EMS AGENCIES:

Tuolumne County routinely transport/transfers patients to specialty care facilities in Northern and Central California. Tuolumne County relies on the monitoring efforts of other LEMSAs to monitor the specialty care facilities in their jurisdictions.

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

5.05 MASS CASUALTY MANAGEMENT

MINIMUM STANDARDS:

The local EMS agency shall encourage hospitals to prepare for mass casualty management.

RECOMMENDED GUIDELINES:

The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

CURRENT STATUS:

The base hospital in Tuolumne County has implemented and operates in accordance with the OES Region IV MCI Plan. The readiness of each hospital to respond to mass casualty incidents is evaluated annually.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

5.06 HOSPITAL EVACUATION

MINIMUM STANDARDS:

The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Plans for hospital evacuation have been developed by each hospital and would be managed in accordance with the Standardized Emergency Management System (SEMS) and the Multi-Causality Incident Plan.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

5.07 BASE HOSPITAL DESIGNATION

MINIMUM STANDARDS:

The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of prehospital personnel.

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

A policy regarding base hospital designation has been established.

COORDINATION WITH OTHER EMS AGENCIES:

Mariposa and Calaveras County ambulance providers continue to Tuolumne County base hospital for on-line medical control when transporting patients into Tuolumne County.

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

5.08 TRAUMA SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

- a) the number and level of trauma centers (including the use of trauma centers in other counties),
- b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- e) a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

Patients requiring specialized trauma or surgical services are routinely transported from the field by air ambulance to higher level facilities in Stanislaus County or transported by ground to local hospitals for stabilization and transfer to designated and non-designated facilities in Northern and Central California.

Designation of trauma centers in Tuolumne County is currently not practical since the hospital in county has the resources to meet the requirements of a level 1, level 2 or level 3 trauma center.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

5.09 PUBLIC INPUT

MINIMUM STANDARDS:

In planning its trauma care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

The county Emergency Medical Care Committee provides a forum for receiving input from both prehospital and hospital providers and consumers regarding trauma system development and the entire EMS system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

5.10 PEDIATRIC SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

- a) the number and role of system participants, particularly of emergency departments,
- b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- d) identification of providers who are qualified to transport such patients to a designated facility,
- e) identification of tertiary care centers for pediatric critical care and pediatric trauma,
- f) the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
- g) a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

Tuolumne County participated in the Emergency Medical Services for Children project conducted in 1993-1995 by our former regional EMS agency. However, no follow-up evaluation has been conducted nor have most of our former agency's policies for EMSC been re-established and implemented.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- 1) An assessment and evaluation of the EMS system's ability to meet the needs of seriously ill and injured children based on the state's EMS-C standards needs to be conducted;
- 2) Former EMS-C policies need to be re-established;
- 3) Written agreements need to be developed with tertiary pediatric critical care centers and pediatric trauma centers.

OBJECTIVE:

The creation of an EMS-C systems within the Tuolumne County EMS System based on the standards and guidelines of the State of California.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

5.11 EMERGENCY DEPARTMENTS (Pediatrics)

MINIMUM STANDARDS:

Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:

- a) staffing,
- b) training,
- c) equipment,
- d) identification of patients for whom consultation with a pediatric critical care center is appropriate,
- e) quality assurance/quality improvement, and
- f) data reporting to the local EMS agency.

RECOMMENDED GUIDELINES:

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

CURRENT STATUS:

Tuolumne County participated in the Emergency Medical Services for Children project conducted in 1993-1995 by our former regional EMS agency. However, no follow-up evaluation has been conducted nor have most of our former agency's policies for EMSC been re-established and implemented.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

1) An assessment and evaluation of the EMS system's ability to meet the needs of seriously ill and injured children based on the state's EMS-C standards needs to be conducted; 2) Former EMS-C policies need to be re-established 3) Written agreements need to be developed with tertiary pediatric critical care centers and pediatric trauma centers.

OBJECTIVE:

The creation of an EMS-C systems within the Tuolumne County EMS System based on the standards and guidelines of the State of California.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

5.12 PUBLIC INPUT (Pediatrics)

MINIMUM STANDARDS:

In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The county Emergency Medical Care Committee provides a forum for receiving input from both prehospital and hospital providers and consumers regarding trauma system development and the entire EMS system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Refer to Objective 1.27

OBJECTIVE:

Refer to Objective 1.27

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

5.13 SPECIALTY SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved, including:

- a) the number and role of system participants,
- b) the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
- c) identification of patients who should be triaged or transferred to a designated center,
- d) the role of non-designated hospitals including those which are outside of the primary triage area, and
- e) a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

No specialty care planning is currently being consider except as otherwise noted in this plan.

COORDINATION WITH OTHER EMS AGENCIES:

None

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

5.14 PUBLIC INPUT (Specialty Care)

MINIMUM STANDARDS:

In planning other specialty care systems, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

No specialty care planning is currently being considered except as otherwise noted in this plan.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

Data Collection and System Evaluation

6.01 QA/QI PROGRAM

MINIMUM STANDARDS:

The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols, and identification of preventable morbidity and mortality, and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

RECOMMENDED GUIDELINES:

The local EMS agency should have the resources to evaluate response to, and the care provided to, specific patients.

CURRENT STATUS:

Currently the QA/QI program consists base hospital review of calls, monthly hospital and provider review of specific calls and, EMS agency and EMCC review of EMS data. Compliance with policies, procedures, and protocols, and identification of preventable morbidity and mortality is accomplished by chart review by the provider, Base Hospital Physician, and EMS Agency. Specific data is collected and studied as needed.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

6.02 PREHOSPITAL RECORDS

MINIMUM STANDARDS:

Prehospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Electronic patient care records (PCRs) are completed for all patients, with copies of the report being submitted to the receiving hospital, provider and agency.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

6.03 PREHOSPITAL CARE AUDITS

MINIMUM STANDARDS:

Audits of prehospital care, including both system response and clinical aspects, shall be conducted.

RECOMMENDED GUIDELINES:

The local EMS agency should have a mechanism to link prehospital records with dispatch, emergency department, in-patient and discharge records.

CURRENT STATUS:

No standardized medical audits of prehospital care are currently being performed. Ambulance performance reports are reviewed by the EMCC on a bi-monthly basis.

The EMS agency uses EMS Data Pro™ for EMS data management. The software is capable of linking prehospital, dispatch, emergency department, and discharge records. The agency receives the following data:

Data Category	Sources Currently Providing Data
Prehospital	Tuolumne County Ambulance (monthly)
Dispatch	Tuolumne County Sheriff's Department (as requested)
Emergency Department	Tuolumne General Hospital and Sonora Community Hospital (Monthly)
In-Patient	None
Discharge	None

COORDINATION WITH OTHER EMS AGENCIES:

None.

NEEDS:

Determination of the feasibility of collecting data from first response agencies, dispatch, and other prehospital providers such as PHI, Medi-Fight and Mercy Ambulance.

OBJECTIVE:

As noted in 6.01: Development of a comprehensive, multi-function approach to EMS QA/QI.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

6.04 MEDICAL DISPATCH

MINIMUM STANDARDS:

The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post dispatch directions.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Internal peer-to-peer review of medical dispatching is currently being performed by the Tuolumne County Sheriff's Department.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Integration of the medical dispatch into the overall EMS QA/QI program. Establishment of system based performance and evaluation criteria for medical dispatching.

OBJECTIVE:

The integration of medical dispatch into the overall EMS QA/QI program and the establishment of system based performance and evaluation criteria for medical dispatching.

TIME FRAME FOR MEETING OBJECTIVE:

- | | |
|---|--------------------------------------|
| | Short-Range Plan (one year or less) |
| X | Long-Range Plan (more than one year) |

6.05 DATA MANAGEMENT SYSTEM

MINIMUM STANDARDS:

The local EMS agency shall establish a data management system which supports its system-wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

RECOMMENDED GUIDELINES:

The local EMS agency should establish an integrated data management system which includes system response and clinical (both prehospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

CURRENT STATUS:

Tuolumne County uses EMS Data Pro™ as its integrated data management system, which includes response and clinical data. This system meets and exceeds the state standards for EMS data management and is capable of combining primary and secondary PSAP (dispatch), first response, ambulance, emergency department and in-hospital data into a single record.

COORDINATION WITH OTHER EMS AGENCIES:

None

NEEDS:

The collection of data from the emergency departments, medical dispatch and first response dispatch in an electronic format capable of import into EMS Data Pro™.

OBJECTIVE:

Develop a mechanism for the electronic collection of emergency department, medical dispatch and first response dispatch data into EMS Data Pro.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long -Range Plan (more than one year)

6.06 SYSTEM DESIGN EVALUATION

MINIMUM STANDARDS:

The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The county Emergency Medical Care Committee reviews local operations, policies, practices and the overall design and effectiveness of the EMS system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

6.07 PROVIDER PARTICIPATION

MINIMUM STANDARDS:

The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

A mechanism for ensuring provider participation was established through the County's ambulance ordinance. Currently, only providers based in Tuolumne County participate in system QA/QI.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Incorporation of air and ground providers based outside of Tuolumne County in the EMS QA/QI program.

OBJECTIVE:

Inclusion into the of PHI, Medi-Flight, Mercy Ambulance and other providers based outside of Tuolumne who routinely respond into Tuolumne County into the QA/QI program.

TIME FRAME FOR MEETING OBJECTIVE:

- | | |
|---|---------------------------------------|
| | Short-Range Plan (one year or less) |
| X | Long -Range Plan (more than one year) |

6.08 REPORTING

MINIMUM STANDARDS:

The local EMS agency shall, at least annually, report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Reports on system design and operations are presented at every EMCC meeting and to the Board of Supervisors when requested or warranted.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEEDS:

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

6.09 ALS AUDIT

MINIMUM STANDARDS:

The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and prehospital activities.

RECOMMENDED GUIDELINES:

The local EMS agency's integrated data management system should include prehospital, base hospital, and receiving hospital data.

CURRENT STATUS:

The review of ALS prehospital and base hospital care is performed monthly. The agency's integrated data management system, EMS Data Pro™ does include prehospital, base hospital, and receiving hospital data.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

6.10 TRAUMA SYSTEM EVALUATION

MINIMUM STANDARDS:

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside of established criteria, and a process for identifying potential improvements to the system design and operation.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Tuolumne County has implemented a trauma care system as of March 2004. Tuolumne County uses EMS Outfielder®, EMS Datapro®, and EMS Traumapro® to collect patient care data, including trauma data. QA/QI meetings are used to identify patients whose care fell outside of established criteria and identifying potential improvements to the system design and operation. Applicable trauma patients are reviewed with Mountain Valley EMS Agency's (MVEMSA) Trauma Advisory Committee (TAC).

COORDINATION WITH OTHER EMS AGENCIES:

Coordinate with MVEMSA's Trauma Coordinator and Trauma Center's Nurse Liaison to evaluate the Trauma System.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING THE OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

6.11 TRAUMA CENTER DATA

MINIMUM STANDARDS:

The local EMS Agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information which is required for quality assurance/quality improvement and system evaluation.

RECOMMENDED GUIDELINES:

The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their QA/QI and system evaluation program.

CURRENT STATUS:

See 6.10

COORDINATION WITH OTHER EMS AGENCIES:

See 6.10

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

7.01 Public Information Materials

MINIMUM STANDARDS:

The local EMS agency shall promote the development and dissemination of information materials for the public which addresses:

- a) understanding of EMS system design and operation,
- b) proper access to the system,
- c) self help (e.g., CPR, first aid, etc.),
- d) patient and consumer rights as they relate to the EMS system,
- e) health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- f) appropriate utilization of emergency departments.

RECOMMENDED GUIDELINES:

The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area. 7.02 The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine. The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

CURRENT STATUS:

Tuolumne County meets the minimum standard. Tuolumne County EMS works in conjunction with local prehospital, hospital and other medical education providers to provide appropriate public information materials.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long -Range Plan (more than one year)

7.02 Injury Control

MINIMUM STANDARDS:

The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

RECOMMENDED GUIDELINES:

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

CURRENT STATUS:

Tuolumne County meets the minimum standard. Tuolumne County EMS works in conjunction with local prehospital, hospital and other medical education providers to provide injury prevention and preventative medicine.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

MINIMUM STANDARDS:

The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

RECOMMENDED GUIDELINES:

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

CURRENT STATUS:

Tuolumne County meets the recommended guidelines. Tuolumne County EMS works in conjunction with the Public Health Department, OES, and local service clubs to promote public preparedness and volunteerism.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

MINIMUM STANDARDS:

The local EMS agency shall promote the availability of first aid and CPR training for the general public.

RECOMMENDED GUIDELINES:

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

CURRENT STATUS:

Tuolumne County meets the recommended guidelines. Tuolumne County EMS works in conjunction with Tuolumne County Ambulance Service and Columbia Community College to promote CPR and first aid training to the public.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

MINIMUM STANDARDS:

In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

RECOMMENDED GUIDELINES:**CURRENT STATUS:**

Tuolumne County meets the minimum standard. Tuolumne County EMS works in conjunction with the Public Health Department, OES, and other emergency services providers to develop and exercise medical response plans for catastrophic disasters.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

8.02 Response Plans**MINIMUM STANDARDS:**

Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

RECOMMENDED GUIDELINES:

The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

CURRENT STATUS:

Tuolumne County meets the recommended guidelines. Tuolumne County has adopted the OES Region IV MCI Plan. All recently written response plans are NIMS/SEMS compliant. Older plans are being reviewed and updated as needed.

COORDINATION WITH OTHER EMS AGENCIES:

Tuolumne County EMS Agency will coordinate plans with all EMS Agencies in OES Region IV.

NEED(S):

Reviewed and updated older plans as needed.

OBJECTIVE:

Assure that all plans are NIMS/SEMS compliant.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- x Long -Range Plan (more than one year)

8.03 HazMat Training

MINIMUM STANDARDS:

All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

RECOMMENDED GUIDELINES:

CURRENT STATUS:

Tuolumne County meets the minimum standard.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure that ICS training is provided for all medical providers.

CURRENT STATUS:

Tuolumne County meets the recommended guidelines. Tuolumne County has adopted the OES Region IV MCI Plan, which requires training basic ICS training for prehospital care providers.

COORDINATION WITH OTHER EMS AGENCIES:

Tuolumne County EMS Agency will coordinate with all EMS Agencies in OES Region IV.

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

8.05 Distribution of Casualties**MINIMUM STANDARDS:**

The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

RECOMMENDED GUIDELINES:

The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

CURRENT STATUS: Tuolumne County meets the minimum standard. Tuolumne County has adopted the OES Region IV MCI Plan, which include casualty distribution.

COORDINATION WITH OTHER EMS AGENCIES:

Tuolumne County EMS Agency will coordinate with all EMS Agencies in OES Region IV.

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

8.06 Needs Assessment

MINIMUM STANDARDS:

The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

RECOMMENDED GUIDELINES:

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

CURRENT STATUS:

Tuolumne County meets the recommended guidelines. The procedures are exercised annually during one or more Statewide or Regional Exercise.

COORDINATION WITH OTHER EMS AGENCIES:

Tuolumne County EMS Agency will coordinate with all EMS Agencies in OES Region IV.

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

8.07 Disaster Communications**MINIMUM STANDARDS:**

A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

RECOMMENDED GUIDELINES:

CURRENT STATUS:

Tuolumne County meets the minimum standard.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

8.08 Inventory of Resources

MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

CURRENT STATUS:

Tuolumne County meets the minimum standard.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

8.09 DMAT Teams

MINIMUM STANDARDS:

The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

RECOMMENDED GUIDELINES:

The local EMS agency should support the development and maintenance of DMAT teams in its area.

CURRENT STATUS:

The minimum standard is not applicable at this time.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

8.10 Mutual Aid Agreements

MINIMUM STANDARDS:

The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

RECOMMENDED GUIDELINES:

CURRENT STATUS: Tuolumne County meets the minimum standard. Tuolumne County has adopted the OES Region IV MCI Plan, which ensure that sufficient emergency medical response and transport vehicles and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

COORDINATION WITH OTHER EMS AGENCIES:

Tuolumne County EMS Agency will coordinate with all EMS Agencies in OES Region IV.

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

8.11 CCP Designation

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).

RECOMMENDED GUIDELINES:

CURRENT STATUS:

Tuolumne County meets the minimum standard.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

8.12 Establishment of CCPs

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.

RECOMMENDED GUIDELINES:

CURRENT STATUS:

Tuolumne County meets the minimum standard.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

8.13 Disaster Medical Training

MINIMUM STANDARDS:

The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

CURRENT STATUS:

Tuolumne County meets the minimum standard.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

8.14 Hospital Plans

MINIMUM STANDARDS:

The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

RECOMMENDED GUIDELINES:

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and prehospital medical care agencies.

CURRENT STATUS:

Tuolumne County meets the recommended guidelines.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

8.15 Interhospital Communications

MINIMUM STANDARDS:

The local EMS agency shall ensure that there is an emergency system for interhospital communications, including operational procedures.

RECOMMENDED GUIDELINES:

CURRENT STATUS:

Tuolumne County meets the minimum standard.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

8.16 Prehospital Agency Plans

MINIMUM STANDARDS:

The local EMS agency shall ensure that all prehospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure the availability of training in management of significant medical

incidents for all prehospital medical response agencies and acute-care hospital staffs in its service area.

CURRENT STATUS:

Tuolumne County meets the minimum standard.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

8.17 ALS Policies

MINIMUM STANDARDS:

The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

RECOMMENDED GUIDELINES:

CURRENT STATUS:

Tuolumne County meets the minimum standard.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

8.18 Specialty Center Roles

MINIMUM STANDARDS:

Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.

RECOMMENDED GUIDELINES:

CURRENT STATUS:

Tuolumne County meets the minimum standard.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

8.19 Waiving Exclusivity

MINIMUM STANDARDS:

Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

RECOMMENDED GUIDELINES:

CURRENT STATUS:

Tuolumne County meets the minimum standard.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

None

OBJECTIVE:

None

Local EMS Agency or County Name: Tuolumne County

**TIME
FRAME
FOR
MEETING
OBJECTI**

VE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Area or subarea (Zone) Name or Title: Ambulance Zones 1 – 6 description listed below
Name of Current Provider(s): Tuolumne County Ambulance Service provides service to all zones
Area or subarea (Zone) Geographic Description: Ambulance Zones 1 – 6 description listed below
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Non-Exclusive
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Zone 1:

Northern boundary: starting at the Highway 49 (Archie Stevenot) Bridge proceeding north along the Stanislaus River to the South Fork of the Stanislaus River; proceeding east along the South Fork of the Stanislaus River to Italian Bar Road (encompassing Italian Bar Road north to Rose Creek.)

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: Tuolumne County

Reporting Year: 2007

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Tuolumne County

- | | |
|---|-------------|
| A. Basic Life Support (BLS) | _____ % |
| B. Limited Advanced Life Support (LALS) | _____ % |
| C. Advanced Life Support (ALS) | _____ 100 % |

2. Type of agency
a - Public Health Department
 b - County Health Services Agency
 c - Other (non-health) County Department
 d - Joint Powers Agency
 e - Private Non-Profit Entity
 f - Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to _____
 a - Public Health Officer
b - Health Services Agency Director/Administrator
 c - Board of Directors
 d - Other: _____

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	_____
Designation of trauma centers/trauma care system planning	_____ X _____
Designation/approval of pediatric facilities	_____ X _____
Designation of other critical care centers	_____
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	_____ X _____
Enforcement of ambulance service contracts	_____ X _____
Operation of ambulance service	_____

Table 2 - System Organization & Management (cont.)

Continuing education	<u>X</u>
Personnel training	<u>X</u>
Operation of oversight of EMS dispatch center	<u> </u>
Non-medical disaster planning	<u>X</u>
Administration of critical incident stress debriefing team (CISD)	<u> </u>
Administration of disaster medical assistance team (DMAT)	<u> </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u> </u>
Other:	<u> </u>
Other:	<u> </u>
Other:	<u> </u>

5. EMS agency budget for FY _____
EXPENSES

Salaries and benefits	\$ 86,078.
(All but contract personnel)	
Contract Services	
(e.g. medical director)	
Operations (e.g. copying, postage, facilities)	\$ 9,327.
Travel	
Fixed assets	
Indirect expenses (overhead)	
Ambulance subsidy	
EMS Fund payments to physicians/hospital	
Dispatch center operations (non-staff)	
Training program operations	
Other: <u>EMS Coord Mgmt Training Classes</u>	\$ 5,250.
Other: _____	
Other: _____	

TOTAL EXPENSES	\$111,315.
-----------------------	-------------------

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) [from EMSA]

Preventive Health and Health Services (PHHS) Block Grant

\$ _____

Office of Traffic Safety (OTS)

State general fund

County general fund

Other local tax funds (e.g., EMS district)

County contracts (e.g. multi-county agencies)

Certification fees

Training program approval fees

Training program tuition/Average daily attendance funds (ADA)

Job Training Partnership ACT (JTPA) funds/other payments

Base hospital application fees

Trauma center application fees

Trauma center designation fees

Pediatric facility approval fees

Pediatric facility designation fees

Other critical care center application fees

Type: _____

Other critical care center designation fees

Type: _____

Ambulance service/vehicle fees

\$111,315

Contributions

EMS Fund (SB 12/612)

Other grants: _____

Other fees: _____

Other (specify): _____

TOTAL REVENUE

\$111,315

**TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.
IF THEY DON'T, PLEASE EXPLAIN BELOW.**

Table 2 - System Organization & Management (cont.)

Fee structure for FY _____

_____ We do not charge any fees

 X Our fee structure is:

First responder certification

\$ 00

EMS dispatcher certification

EMT-I certification

 92.50

EMT-I recertification

 28.75

EMT-defibrillation certification

EMT-defibrillation recertification

EMT-II certification

EMT-II recertification

EMT-P accreditation

 68.25

Mobile Intensive Care Nurse/

Authorized Registered Nurse (MICN/ARN) certification

 54.75

MICN/ARN recertification

 28.75

EMT-I training program approval

 00.

EMT-II training program approval

EMT-P training program approval

MICN/ARN training program approval

Base hospital application

Base hospital designation

Trauma center application

Trauma center designation

Pediatric facility approval

Pediatric facility designation

Other critical care center application

Type: _____

Other critical care center designation

Type: _____

Ambulance service license

\$ _____

Ambulance vehicle permits

Other: _____

Other: _____

Other: _____

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of _____.

Table 2 - System Organization & Management (cont.)

EMS System: _____ Reporting year _____

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Coordinator	1.0	25.86	54%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./ Training Coordinator					
Program Coordinator/ Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	EMS Medical Director	.07	105.58	42%	
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical					
Data Entry Clerk					
Other					

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

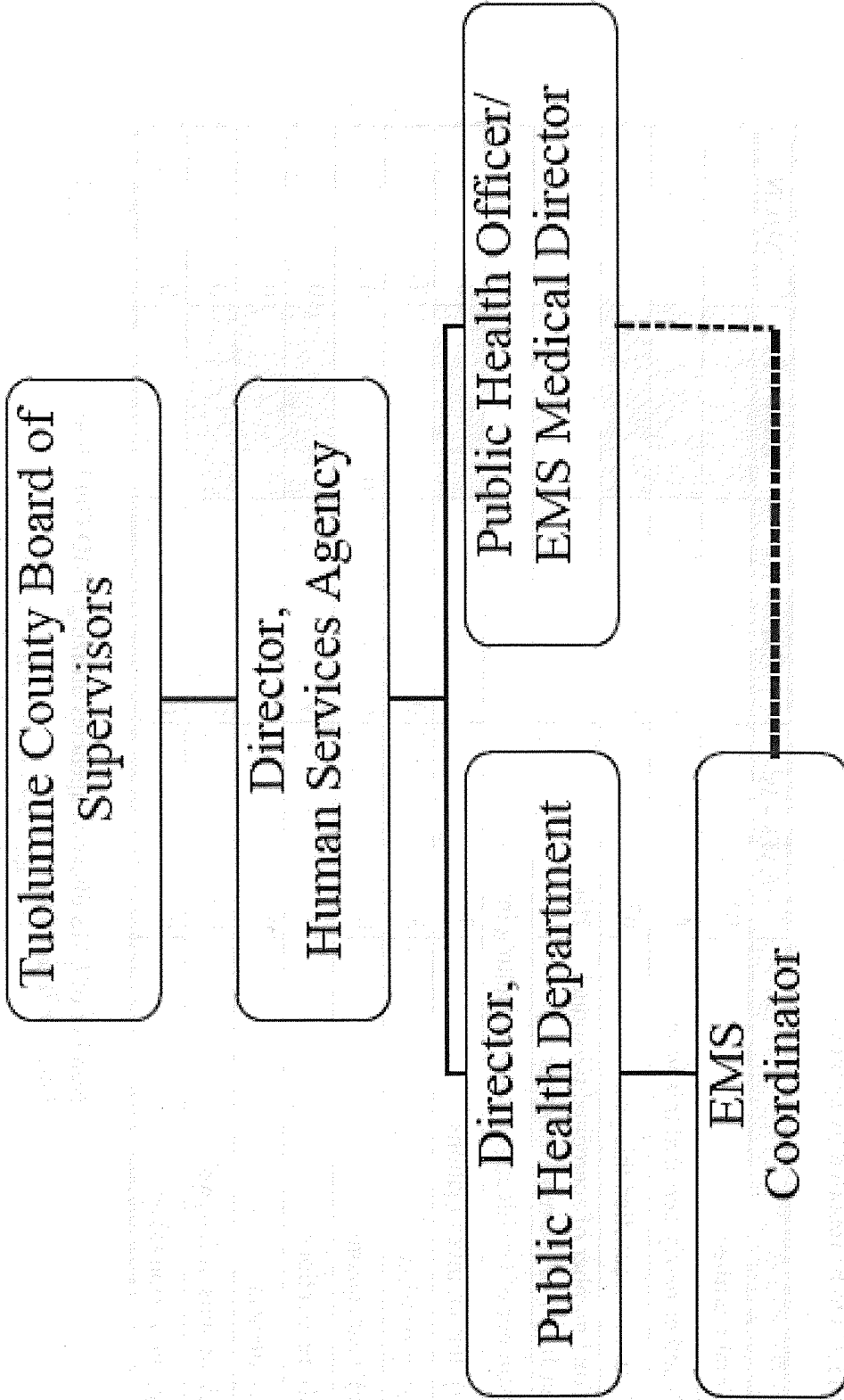
Revision #4 (4/20/07)

EMS System: Tuolumne County
 County: Tuolumne County
 Reporting Year: 2007

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	104	0		
Number newly certified this year	41	0		
Number recertified this year	63	0		
Total number of accredited personnel on July 1 of the reporting year	104	0		
Number of certification reviews resulting in:				
a) formal investigations	3	0		0
b) probation	3	0	0	0
c) suspensions	0	0	0	0
d) revocations	0	0		0
e) denials	0	0		0
f) denials of renewal	0	0		0
g) no action taken	0	0	0	0

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 1
2. Early defibrillation:
 - a) Number of EMT=I (defib) certified 68
 - b) Number of public safety (defib) certified (non-EMT-I) 61
3. Do you have a first responder training program ☒ yes ☐ no



EMS System: Tuolumne County

County: Tuolumne County

Reporting Year: 2007

1. Number of primary Public Service Answering Points (PSAP) _____ 2 _____
2. Number of secondary PSAPs _____ 1 _____
3. Number of dispatch centers directly dispatching ambulances _____ 1 _____
4. Number of designated dispatch centers for EMS Aircraft _____ 1 _____
5. Do you have an operational area disaster communication system? Yes ☒ No ☐
 - a. Radio primary frequency 155.292 pl 110.9
 - b. Other methods _____
 - c. Can all medical response units communicate on the same disaster communications system?
Yes ☒ No ☐
 - d. Do you participate in OASIS? Yes ☐ No ☒
 - e. Do you have a plan to utilize RACES as a back-up communication system?
Yes ☒ No ☐
 - 1) Within the operational area? Yes ☒ No ☐
 - 2) Between the operational area and the region and/or state? Yes ☒ No ☐
6. Who is your primary dispatch agency for day-to-day emergencies?
Tuolumne County Sheriff's Department

Who is your primary dispatch agency for a disaster?
Tuolumne County Sheriff's Department

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: Tuolumne County

County: Tuolumne County

Reporting Year: 2007

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 13

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes				
	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	4 Minutes	8 Minutes	22 Minutes	7 Minutes
Early defibrillation responder	4 Minutes	8 Minutes	22 Minutes	7 Minutes
Advanced life support responder	9 Minutes	18 Minutes	50 Minutes	16 Minutes
Transport Ambulance	9 Minutes	18 Minutes	50 Minutes	16 Minutes

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

EMS System: Tuolumne County

County: Tuolumne County

Reporting Year: 2007

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria 50

b) Number of major trauma victims transported directly to a trauma center by ambulance 47

c) Number of major trauma patients transferred to a trauma center 2

d) Number of patients meeting triage criteria who weren't treated at a trauma center 4

Emergency Departments

Total number of emergency departments 1

a) Number of referral emergency services 0

b) Number of standby emergency services 0

c) Number of basic emergency services 1

d) Number of comprehensive emergency services 0

Receiving Hospitals

1. Number of receiving hospitals with written agreements 1

2. Number of base hospitals with written agreements 1

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Tuolumne County

County: Tuolumne County

Reporting Year: 2007

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? Motherlode Fairgrounds, Groveland Community Center, Columbia Airport
- b. How are they staffed? EMS staff, Fire Dept Staff, and Volunteers
- c. Do you have a supply system for supporting them for 72 hours? yes ☐ no ☒

2. CISM

Do you have a CISM provider with 24 hour capability? yes ☐ no ☒

3. Medical Response Team

- a. Do you have any team medical response capability? yes ☐ no ☒
- b. For each team, are they incorporated into your local response plan? yes ☐ no ☒
- c. Are they available for statewide response? yes ☐ no ☒
- d. Are they part of a formal out-of-state response system? yes ☐ no ☒

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams? yes ☐ no ☒
- b. At what HazMat level are they trained? _____
- c. Do you have the ability to do decontamination in an emergency room? yes ☒ no ☐
- d. Do you have the ability to do decontamination in the field? yes ☒ no ☐

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes ☒ no ☐
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 2

3. Have you tested your MCI Plan this year in a:

a. real event?

yes X no

b. exercise?

yes X no

4. List all counties with which you have a written medical mutual aid agreement.

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?

yes X no

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response?

yes no X

7. Are you part of a multi-county EMS system for disaster response?

yes no X

8. Are you a separate department or agency?

yes no X

9. If not, to whom do you report? Director of Public Health

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?

yes no

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Tuolumne County EMS Agency County: Tuolumne Reporting Year: 2007

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Contact Person telephone no.	Gary Mendenhall
Columbia Community College		

Address
11600 Columbia College Drive
Sonora 95370

Student Eligibility: * Open to general public	Cost of Program Basic <u>\$140.00</u> Refresher <u>\$30.00</u>	**Program Level: ____ Number of students completing training per year:
		Initial training: <u>48</u> Refresher: <u>29</u> Cont. Education <u>Unk.</u> Expiration Date: _____ Number of courses: <u>8</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: <u>4</u>

Training Institution Name	Contact Person telephone no.
------------------------------	---------------------------------

Student Eligibility: *	Cost of Program Basic _____ Refresher _____	**Program Level: _____ Number of students completing training per year: _____ Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: _____ Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: _____
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- Open to general public or restricted to certain personnel only.
- ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Facilities

Tuolumne County EMS Agency

County: Tuolumne Reporting Year: 2007

NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone:					Primary Contact:	
Sonora Regional Medical Center (209) 536-3460 1000 Greenley Road, Sonora, CA 95370						
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
						If Trauma Center what Level:**** _____

Name, address & telephone:					Primary Contact:	

Written Contract <input type="checkbox"/> yes <input type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no
						If Trauma Center what Level:**** _____

- * Meets EMSA Pediatric Critical Care Center (PCCC) Standards.
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- *** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- **** Levels I, II, III and Pediatric.

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: _____ County: _____ Reporting Year: _____

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name, address & telephone:		Primary Contact:	
Tuolumne County Sheriff's Department 28 Lower Sunset Drive, Sonora, CA 95370		Sue Fraguero (209) 533-5815	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	X Day-to-day X Disaster	Number of Personnel providing services: EMD Training _____ EMT-D _____ ALS BLS _____ LALS _____ Other _____
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	

Name, address & telephone:		Primary Contact:	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD Training _____ EMT-D _____ ALS BLS _____ LALS _____ Other _____
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Tuolumne County
Area or subarea (Zone) Name or Title: Ambulance Zones 1 – 6 description listed below
Name of Current Provider(s): Tuolumne County Ambulance Service provides service to all zones
Area or subarea (Zone) Geographic Description: Ambulance Zones 1 – 6 description listed below
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Zone 1:

Northern boundary: starting at the Highway 49 (Archie Stevenot) Bridge proceeding north along the Stanislaus River to the South Fork of the Stanislaus River; proceeding east along the South Fork of the Stanislaus River to Italian Bar Road (encompassing Italian Bar Road north to Rose Creek.)

Eastern Boundary: starting at the Italian Bar Road Bridge at the South Fork of the Stanislaus River proceeding south along an imaginary line (taking in all of Five Mile Creek Road, Redwood Way, Northridge Road and Gray Fox Road) crossing at a point on Big Hill Road between Borden Road and Old Oak Ranch Road; continuing south (taking in all of the Apple Valley community) to the north shore of Phoenix Lake; proceeding south along the eastern edge of Phoenix Lake crossing Phoenix Lake Road at the midpoint between Silver Dawn Drive and Avenida Del Sol; proceeding south (taking in Peaceful Oak Road) to the intersection of Standard Road and Highway 108; proceeding south down the middle of Standard Road to Tuolumne Road; proceeding east along Tuolumne Road to Morris Road; turning south on an imaginary line to the intersection of Yosemite Road and Wards Ferry Road; proceeding south along Wards Ferry Road to the Wards Ferry Road Bridge at the Tuolumne River.

Southern Boundary: starting the Wards Ferry Road Bridge proceeding west along the Tuolumne River to a point in the middle of the Stent-Jacksonville Bridge.

Western Boundary: starting in the middle of the Stent-Jacksonville Bridge proceeding north along the shoreline of Lake Don Pedro to an the northern boundary of T1S-R14E; proceeding west to the junction of Highway 108 and Highway 120; proceeding north along the eastern boundary of T1N-R13E to the shoreline of New Melones Reservoir, proceeding along the shoreline to the Highway 49 (Archie Stevenot) Bridge.

Major points:

1. Includes all of the lake surface area of New Melones Reservoir.
2. Includes the communities of: Columbia, Apple Valley, Scenic Brook, Mono Village, Sonora, Jamestown, Cuesta Serna, Lambert Lakes, Quail Hollow, Quail Ridge Ranch, Shaws Flat and Tuttletown.

Zone 2:

Northern Boundary: starting at the Middle Fork of the Stanislaus River and the border with Calaveras County proceeding east along the Middle Fork of the Stanislaus River to the eastern border of TN4-R17E.

Eastern Boundary: starting at the intersection of the Middle Fork of the Stanislaus River and the eastern border of TN4-R17E proceeding south, crossing Highway 108 just west of Odd Fellows Road, to the Northern Boundary of T2N-R17E; proceeding east to the western boundary of the Emigrant Wilderness; proceeding south to the northern tip of Cherry Lake and following the western shoreline of Cherry Lake to the northern boundary of T1N-R19E.

Southern Boundary: staring at the northern boundary of T1N-R19E and Cherry Lake proceeding west to Cottonwood Road; proceeding south along the western edge of Cottonwood Road (off the road) to the intersection of Cottonwood Road and Cherry Lake Road (formerly Cherry Oil Road); proceeding south along the western edge of Cherry Lake Road (off the road) to the Tuolumne River; proceeding along the northern bank of the Tuolumne River to the Wards Ferry Bridge.

Western Boundary: the eastside of Zone 1's Eastern Boundary.

Major Points:

1. Includes Cherry Lake Campground.
2. Excludes Cherry Lake Boat Ramp.
3. Includes the communities of: Camp Sunshine, Mono Vista, Cedar Ridge, Crystal Falls, Jupiter, Sierra Village, Mi-Wuk, Sugarpine, Twain Harte, Willow Springs, Soulsbyville, Ponderosa Hills, Tuolumne City, Tuolumne Rancheria and Buckhorn Estates.

Zone 3:

Northern Boundary: starting at the intersection of the Middle Fork of the Stanislaus River and the border of Calaveras County; proceeding northeast along the county line to the Alpine County border.

Eastern Boundary: starting at the intersection of the Tuolumne, Calaveras, Alpine county borders and proceeding southeast along the county line to the Mono County border; continuing south along the county line to the intersection of the county and the southern border of the Emigrant Wilderness.

Southern Boundary: starting at the intersection of the Tuolumne and Mono County border and the southern boundary of the Emigrant Wilderness proceeding west along the southern boundary of the emigrant wilderness to the north shore of Cherry Lake.

Western Boundary: the eastside of Zone 2's Eastern Boundary.

Major Points:

1. Includes the communities of: Pinecrest, Long Barn, Strawberry, Leland Meadows, Brightman Flat, Kennedy Meadows and Dodge Ridge.

Zone 4:

Northern Border: starting in the middle of the Stent-Jacksonville Bridge proceeding east along the Tuolumne River to Cherry Lake Road; proceeding north along the Westside of Cherry Lake Road to Cherry Lake; proceeding along the western shoreline of Cherry lake to the intersection of Cherry Lake and the southern border of the Emigrant Wilderness; proceeding east along the Emigrant Wilderness border to the Tuolumne County and Mono County Border.

Eastern Border: Starting at the intersection of the Tuolumne and Mono County borders and the southern border of the Emigrant Wilderness proceeding south along the Mono County Line to the intersection of the Tuolumne, Mariposa and Madera County lines.

Southern Border: starting at the intersection of the Tuolumne, Mariposa and Madera County lines and proceeding east along the Mariposa County line to a point just north of Highway 49; proceeding north approximately 12 mile turning west and crossing Highway 49 at Big Jackass Creek and continuing west along an imaginary line which crosses Marshes Flat Road between Moccasin and Wendy Way and terminates at the shoreline of Lake Don Pedro.

Western Border: starting at the shore of Lake Don Pedro 2 miles south of the northern border of T2S-R15E proceeding north along the shoreline to the middle of the Stent-Jacksonville Bridge.

Major Points:

1. Includes all of Cherry Lake Road, Cherry Lake and Cherry Lake boat ramp.
2. Excludes Cherry Valley Campground.
3. Includes the Moccasin Marina and the lake surface area of Lake Don Pedro east of the Highway 49 Bridge.
4. Includes the communities of: Groveland, Big Oak Flat, Pine Mountain Lake, Camp Mather, Moccasin and Hetch Hetchy.

Zone 5:

Northern Boundary: starting at the northwest section of Tuolumne County where the Tuolumne, Calaveras and Stanislaus County lines intersect and proceeding east to the dam at New Melones Lake.

Eastern Boundary: starting at the dam at New Melones Lake and proceeding south along the shoreline to eastern boundary of T1N-R13E; continuing south along the eastern boundary of T1N-R13E to the Highway 108/120 junction; proceeding east along the northern boundary of T1S-R14E to the shore of Lake Don Pedro; proceeding along the shoreline of Lake Don Pedro to the Stent-Jacksonville Bridge.

Southern Boundary: starting at the Stent-Jacksonville bridge proceeding west along the Zone 4 boundary (southern shore of Lake Don Pedro) to the intersection of Lake Don Pedro and the northern border of T2S-R15E; proceeding west along the northern border of T2S-R15E across Lake Don Pedro to the north shore; proceeding west along the north shore of Lake Don Pedro to Don Pedro Road; following Don Pedro Road to La Grange Road (J59); proceeding west on La Grange Road to the Tuolumne-Stanislaus County Line.

Western Boundary: starting at the intersection of the La Grange Road and the Tuolumne-Stanislaus County line proceeding north to the intersection of the Tuolumne-Stanislaus-Calaveras County lines.

Major Points:

1. Includes all of La Grange Road and the lake surface area of Don Pedro south of the Highway 49 Bridge.
2. Includes the Highway 108/120 junction, Chinese Camp, Sierra Conservation Center, Lake Tulloch, Sierra Pacific Industries and, Hatler Industrial Park.

Zone 6:

Northern Boundary: starting just south of the intersection of La Grange Road and the Tuolumne-Stanislaus County Line proceeding east to Bonds Flat Road; proceeding east along an imaginary line from the intersection of La Grange Road and Bonds Flat Road to the shore of Lake Don Pedro south of Don Pedro Road; proceeding south along the shoreline of Lake Don Pedro to a point 2 miles south of the northern border of T2S-R15E; proceeding east along an imaginary line which crosses Marshes Flat Road between Moccasin and Wendy Way and continues on to cross Highway 49 at Big Jackass Creek; proceeding south approximately 12 mile terminating at the Tuolumne-Mariposa County line.

Eastern Boundary: None.

Southern Boundary: starting at the Tuolumne-Mariposa County line just east of Highway 49 proceeding west along the Tuolumne-Mariposa County line to the intersections of the Tuolumne-Mariposa-Stanislaus County lines.

Western Boundary: starting at the Tuolumne-Mariposa-Stanislaus County lines proceeding north to a point just south of La Grange Road.

Major points:

1. Includes Flemming Meadows and Blue Oaks boat ramps.
2. Excludes the lake surface area of Lake Don Pedro.
3. Includes the communities of: Blanchard, Don Pedro subdivision, Don Pedro Elementary and Don Pedro High Schools and the Don Pedro Recreation Agency Headquarters.

EMERGENCY MEDICAL SERVICES AUTHORITY1930 9th STREET

SACRAMENTO, CA 95811-7043

(916) 322-4336 FAX (916) 324-2875



June 25, 2009

Clarence Teem
EMS Coordinator
Tuolumne County EMS Agency
20111 Cedar Road North
Sonora, CA 95370

Dear Mr. Teem

We have reviewed Tuolumne County's *2007 Emergency Medical Services Plan Update*, submitted in April 2009, and compared this update with your 1998 EMS plan and your 2006 EMS plan update. Based on our analysis the majority of the Standards "Current Status" are identical. Apparently, there has been no progress on the majority of the standards nor any activity towards meeting your long-range plans.

The following revisions to Table 1 need to be addressed:

- Revise to include a notation (x) for long-range plans as stated in your assessment forms.
- States that Standards 1.10, 3.01, 5.10, and 5.11 are met, but in fact they have not been met based on your assessment form. Please change Table 1 to Does Not Currently Meet Standard.
- Standard 1.19 shows it met the recommended guideline, but you state on your assessment form that Tuolumne County's dispatch center does not provide pre-arrival/post dispatch instructions, please change to not Does Not Currently Meet Standard.
- Standard 1.28 shows that it met the recommended guidelines, but there is no recommended guideline for Standard 1.28, please revise.

In order for us to complete our review please provide an EMS Plan update reflective of current agency's activities. Based on the information provided in the "Current Status" section the following standards have not been met:

Standard 1.10 - Special Population - You stated no work has been performed in this area; please identify population groups served by the EMS system which may require special services.

Standard 1.19 - Policies, Procedures, Protocols - There was no mention of triage in your current status. An attempt was made to check your policy and procedures manual on your website and saw that you had a policy on triage, but the site was not responding and EMSA could not review your policy. Please update the standard to reflect current status.

1.27, 5.10, 5.11 - Pediatric System Design - Your 1998 plan objective was to create an EMSC system for Tuolumne County. It is recommended that you review the "Development and Implementation of EMSC, a Step by Step Approach", found on our web site at: <http://www.emsa.ca.gov/systems/EMSC/files/EMS-C.pdf>. This document provides information to Local EMS Agencies interested in developing an EMSC program.

3.01 - Communications Plan - Your 1998 plan objective was to develop a written communications plan. Your current plan states that you are working with Tuolumne County's Communication officer in developing a written plan for EMS communications. Please show what progress has been made towards developing a written communications plan.

3.10 - Integrated Dispatch - Please show your progress in establishing a single dispatch center which included emergency and non-emergency medical dispatching functions.

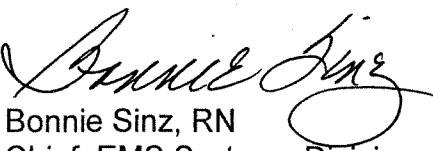
4.05 - Response Time Standards - Please show your progress towards developing response time standards.

6.01 - QA/QI Program - The requirements for this program are referenced in Title 22, Division 9, Chapter 12, EMS System Evaluations and Quality Improvement Regulations, and includes a system-wide written EMS QI program that is composed of structure, process and outcome evaluations that address personnel, equipment and supplies, documentation, clinical care and patient outcome, skills maintenance/competency, transportation/facilities, public education and prevention and risk management. While regulations permit QI development as resources allow, a statement regarding your status should be made. LEMSAs should also review and approve base hospital and provider QI plans.

Please submit a current EMS Plan update to Sandy Salaber by August 31, 2009; all data should reference the year 2008. If you require any technical assistance or an extension please contact her at (916) 322-4336, extension 423. You may email your responses to her at sandy.salaber@emsa.ca.gov.

We understand the difficulty of a small agency with limited staff to undertake the process of completing an EMS Plan update and appreciate your help to finalize the process.

Sincerely,


Bonnie Sinz, RN
Chief, EMS Systems Division